



# The International 22q11.2 Foundation Inc.

## Photo/Video Release Form

### International 22q11.2 Foundation, Inc.

I, \_\_\_\_\_ hereby grant to the International 22q11.2 Foundation (the "Foundation"), its agents, assigns, licensees, and legal representatives the irrevocable, perpetual, world-wide right to use, an unlimited number of times, my name/likeness/photograph/video and/or my minor child's name/likeness/photograph/video (and/or my adult child's name/likeness/photograph/video for which I have guardianship or the legal right to approve on his or her behalf) (the "Publicity Information") in news media, advertising and/or promotional materials (the "Materials") in any medium, including, but not limited to, print news media, internet news media, print advertisements, publications, direct-mailings, and/or on its website for purposes including, but not limited to, awareness, education and fundraising, and/or for sharing with other organizations for awareness and educational purposes only.

I hereby waive the right to inspect or approve the Materials. The Foundation shall have the full right at its discretion to edit, modify, add to, and/or delete material or juxtapose any part of the Materials with any other materials, or any other use of the Materials by the Foundation. The Foundation is under no obligation to use the Publicity Information in any Materials.

I understand and acknowledge that neither I nor my children will acquire any intellectual property rights in the Materials.

I will make no monetary or other claim against the Foundation for the use of the Materials.

I hereby release the Foundation from any and all claims, demands, or causes of action including, but not limited to claims of defamation and violations of my (or my children's as specified herein) rights of publicity or privacy in the use by the Foundation of the Publicity Information.

I have read this Agreement and understand its contents and intend to be legally bound hereby.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print full name): \_\_\_\_\_

Names of children for which signer is approving use of the Publicity Information:

Address: \_\_\_\_\_

City: \_\_\_\_\_

State or Region: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Requested by (Foundation representative only): \_\_\_\_\_